MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10785

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller; MARYLAND; LENGTH OF STAY (in this place) 48yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Willow St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller; STREET ADDRESS (If rural, give location) Willow St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Asby	Ardren	Barrick	Nov.	30	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Feb. 17, 1898	51 yrs.	9	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Miner	Coal Mines	Elk Garden, W.Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Gilbert Barrick	Martha Leanna Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	213-01-6624	Mrs. Lillian Barrick, Kitzmiller, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocarditis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auricular Fibrillation	2 weeks.
	(c) Ch. Bronchial Asthma	2 yrs.

241
930

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb., 1935, to Nov. 30, 1949, that I last saw the deceased alive on Nov. 30, 1949, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ralph Calandrella	M.D.	Kitzmiller Md	Dec 1-49.

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 3, 1949	I.O.O.F. Cemetery	Elk Garden, W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/2/49	Allo Barrick	Otha F. Sharpless,	Blaine, W.Va.

RECEIVED
DEC 13 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11225

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Accident | LENGTH OF STAY (In this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Curt	Carl	Bunt	Nov	27	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Mln.
Male	White	Singel	Jan-31-1904	45-10-26 Yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tool ROOm Supervisor		Bradock Penna	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Emil Bunt	Anna Brockschmiot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
	169-10-2728	George Hetz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	
420.1 Antecedent cause(s)		
9420 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Man found dead in bed	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. R. Davis M.D.	Grantsville Md	Nov 27 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or county) (State)
Removal	II-27-1949		Bradock Penna

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 27 1949	Ethel Broadwater	Wm Winterberg	Grantsville MD

RECEIVED
NOV 29 1949
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 123 DEC 6 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10786

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident R.D
LENGTH OF STAY (in this place) 40 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural.Accident
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) Matilda (Last) Hanft

4. DATE OF DEATH (Month) II (Day) 27 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 6-18-1879

9. AGE last birthday ~~71~~ 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Rural Accident Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John H. George

14. MOTHER'S MAIDEN NAME Savilla Diehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. NOne

17. INFORMANT George Hanft

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Occlusion	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic Myocarditis	years
	(c)	Coronary Sclerosis	years.

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1949, to Nov. 27, 1949, that I last saw the deceased alive on Nov. 25, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE Edwin M. Price, (Degree or title) MD ADDRESS Confluence Pa DATE SIGNED Nov. 28, 49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF II-30-1949

NAME OF CEMETERY OR CREMATORY Cove

LOCATION (City, town, or county) (State) R.D. ACcident Md

DATE REC'D BY LOCAL REG. Nov-29-1949

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR [signature] ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 30 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10787

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH COUNTY Garrett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Friendsville Md

LENGTH OF STAY (In this place) 2 Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville

STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) O. (Last) HUMBERSON

4. DATE OF DEATH (Month) 11 (Day) 29 (Year) 1949

5. SEX F.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH August, 14, 1868

9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Guard, Maryland

12. CITIZEN OF WHAT COUNTRY? Garrett

13. FATHER'S NAME Jerry Guard

14. MOTHER'S MAIDEN NAME Annie Guard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mrs Frieda Riley, Friendsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1 year

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 29, 1949, to Nov 29, 1949, that I ~~last~~ never saw the deceased alive on found dead, 19..., and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE Coroner notified Milton Tepfer (Degree or title) MD ADDRESS Friendsville, Md DATE SIGNED Nov 30, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 12/2/49 NAME OF CEMETERY OR CREMATORY Humberson, Cemetery LOCATION (City, town, or county) Friendsville, Md. (State)

DATE REC'D BY LOCAL REG. Nov. 30. 1949 REGISTRAR'S SIGNATURE Mrs. Kathryn Fike

24. FUNERAL DIRECTOR H. B. Rishebarger ADDRESS Addison, Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10788

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A151

1. PLACE OF DEATH
COUNTY: Garrett — Oakland — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland, Md., Rd. 2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Jonas Herbert (Middle) Knox (Last)

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/19/1891

9. AGE last birthday: 58 yrs. If under 1 year: Months. If under 1 day: Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Accident, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Knox.

14. MOTHER'S MAIDEN NAME: Annie Ash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Ester Knox, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Renal Disease — Interval between onset and death: 2yrs

Antecedent cause(s) (b) Hypertension

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

442
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At wnrk ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1949, to Nov 4, 1949, that I last saw the deceased alive on Nov 3, 1949, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE: E. L. Baumgartner — (Degree or title): M D — ADDRESS: Oakland Md — DATE SIGNED: 11/5/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11/6/1949 — NAME OF CEMETERY OR CREMATORY: Glade Cemetery — LOCATION (City, town, or county) (State): Near Bittinger, Md.

DATE REC'D BY LOCAL REG.: 11-6-1949 — REGISTRAR'S SIGNATURE: Julia A. Rowen

24. FUNERAL DIRECTOR: Emmons D. Boldee — ADDRESS: Oakland, Md.

RECEIVED
NOV 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10786

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland
LENGTH OF STAY (in this place): 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bartlett Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland
STREET ADDRESS (If rural, give location): Bartlett Street

3. NAME OF DECEASED (Type or Print): (First) Bartlett (Middle) Best (Last) Nethken

4. DATE OF DEATH: (Month) November (Day) 21, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4/4/1875

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman

10b. KIND OF BUSINESS OR INDUSTRY: Town of Oakland

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Charles Oliver Nethken

14. MOTHER'S MAIDEN NAME: Ada Best

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: Mrs. B. B. Nethken Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	10 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	35 yrs.
	(c) Dry Gangrene Legs	10 yrs

260
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Sclerotic Heart Disease

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18th, 1949, to Nov. 21st, 1949, that I last saw the deceased alive on Nov. 18th, 1949, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James D. Frazier, Jr M.D. Oakland, Md Nov. 22, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11/23/49 — NAME OF CEMETERY OR CREMATORY: Oakland Cemetery — LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG.: 11-23-1949 — REGISTRAR'S SIGNATURE: Julia A. Lowan

24. FUNERAL DIRECTOR: Herbert C. Leighton — ADDRESS: Oakland, Md.

RECEIVED
NOV 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10790

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland | LENGTH OF STAY (In this place) 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cr. Green & Fifth Sts.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural, give location) Cr. Green & Fifth Sts.

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) Elsworth (Last) Rathbun
4. DATE OF DEATH: (Month) November (Day) 5, (Year) 19 49

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/23/1878
9. AGE last birthday: 70 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Supt. of Schools
10b. KIND OF BUSINESS OR INDUSTRY: Garrett Co.
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Clarence M. Rathbun
14. MOTHER'S MAIDEN NAME: Mary Virgin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: -----
17. INFORMANT AND ADDRESS: Mrs. F. E. Rathbun - Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 7 wks

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15/49, 19....., to 11/5/49, 19....., that I last saw the deceased alive on Oct 28, 1949, and that death occurred at 10:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. L. Baumgartner M.D Oakland Md 11/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11/8/1949 | NAME OF CEMETERY OR CREMATORY: Oakland Cemetery | LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. 11-8-49 | REGISTRAR'S SIGNATURE: Julia A. Rowan g. | 24. FUNERAL DIRECTOR: Herbert C. Leighton | ADDRESS: Oakland, Md.

RECEIVED
NOV 30 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10791

CERTIFICATE OF DEATH

Reg. Dist. No. 161

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendsville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Noah (Middle) (Last) Savage

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 3/30/1877

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Preston Savage

14. MOTHER'S MAIDEN NAME: Leucinda Fear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Oliver Savage

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
332	Immediate cause	(a) Lobar Pneumonia (Bilateral)	24 hrs.
108	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral thrombosis	5 days
		(c) Hypertension; Generalized Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): No — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1949, to Nov. 16, 1949, that I last saw the deceased alive on Nov. 15, 1949, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE: H. J. Blair, M.D. (Degree or title) — ADDRESS: Friendsville, Md. — DATE SIGNED: November 16, 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE: 11/18/49 — NAME OF CEMETERY OR CREMATORY: Blooming Rose — LOCATION (City, town, or county), (State): Near Friendsville, Md.

DATE REC'D BY LOCAL REG.: Nov 17-1949 — REGISTRAR'S SIGNATURE: Mrs. Kathryn Fike.

24. FUNERAL DIRECTOR — ADDRESS: H. W. Savage

RECEIVED
NOV 19 1949
BUREAU F. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10792

Reg. Dist. No. 176

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton; LENGTH OF STAY (in this place) 65yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1½ Mi.East

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton; STREET ADDRESS 1½ Miles East (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Herbert (Middle) - (Last) Tasker

4. DATE OF DEATH: (Month) Nov. (Day) 21, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Apr.10,1884

9. AGE last birthday: 65 yrs. If under 1 year: Months 7 Days 21; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman & Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Swanton, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Richard Tasker

14. MOTHER'S MAIDEN NAME: Amy Paugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 705-05-9363

17. INFORMANT: Orville Tasker, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocarditis	2 dys.
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Cardio - Vascular Renal	6 mos.
	(c) Dmrd with generalized Edema	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 21, 19 49, to Nov. 21, 19 49, that I last saw the deceased alive on Nov. 21, 19 49, and that death occurred at 9:30P. m., from the causes and on the date stated above.

SIGNATURE: Ralph Calandella M.D. (Degree or title) ADDRESS: Kitzmiller Md DATE SIGNED: Nov 22 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 11/24/49; NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery; LOCATION (City, town, or county) (State): Mt. Zion, Garrett Co. Md.

DATE REC'D BY LOCAL REG. 11-24-49; REGISTRAR'S SIGNATURE: Julia A. Rowan

24. FUNERAL DIRECTOR: Otha F. Sharpless; ADDRESS: Blaine, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10793

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Garrett — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland, MARYLAND — LENGTH OF STAY (in this place): life time — HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Garrett — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: — STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Catherine (Last) Teets

4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 7/7/1868

9. AGE last birthday: 81 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Near Cranesville, W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Soloman Sines

14. MOTHER'S MAIDEN NAME: Mary Reckard.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Charley Teets, Oakland, Md. R.D. #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	1 day
420.0 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 930	(b) Arteriosclerotic Heart Disease	3 yrs.
	(c) Arteriosclerosis	20 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m. — INJURY OCCURRED While at Work ☐ Not While At wnrk ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 13, 1948, to Nov 9, 1949, that I last saw the deceased alive on 8 Nov, 1949, and that death occurred at 5:00P m., from the causes and on the date stated above.

SIGNATURE: A. E. Maurer — (Degree or title): M D — ADDRESS: Oakland Md — DATE SIGNED: 10 Nov 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11/11/49 — NAME OF CEMETERY OR CREMATORY: Henry Sines, Cemetery — LOCATION (City, town, or county) (State): Swallow Falls, Md.

DATE REC'D BY LOCAL REG.: 11-11-1949 — REGISTRAR'S SIGNATURE: Lyda L. Rowan — 24. FUNERAL DIRECTOR: Emory D. Bolden — ADDRESS: Oakland, Md.

RECEIVED
NOV 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10794

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Friendsville | LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Friendsville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Upshold

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 9/12/1882

9. AGE last birthday: 67 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Calvin Upshold

14. MOTHER'S MAIDEN NAME: Susan Yeats

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs. Wm. Upshold

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Malignancy	6 mo
163 Antecedent cause(s)		
472 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 5 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ....., 1947, to Nov 26, 1949, that I last saw the deceased alive on Nov 22, 1949, and that death occurred at 2-A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milton Tepper, MD Friendsville Md Nov 26, 1949

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE Nov. 28, 1949 | NAME OF CEMETERY ~~OR CREMATORY~~ B. Gooming Race | LOCATION (City, town, or county) (State) Near Friendsville Md

DATE REC'D BY LOCAL REG. Nov 28 1949 | REGISTRAR'S SIGNATURE Mrs. Kathryn Fike | 24. FUNERAL DIRECTOR W. K. Savage ADDRESS

VS. A15

RECEIVED
NOV 30 1949
BUREAU V. S.